



Mental Health Update

May 11, 2006

COSIG Project Update

In a follow-up to the national meeting of the Co-Occurring State Infrastructure Grant (COSIG) recipient states, Vermont joined Maine and Connecticut last Thursday for a one-day forum to discuss how they may be able to establish a New England Collaborative to support the implementation of integrated mental health and substance use disorder treatment. Discussions focused on identifying local and regional barriers to implementation as well as plans for workforce development and grant evaluation. Next steps will focus on ongoing collaboration to explore the potential for a New England regional conference for Spring 2007.

Meeting of Vermont's Mental Health Block Grant Planning Council

The Planning Council met on Monday, May 8, to review the proposed distribution of cuts in federal block grant funding for mental-health services in Fiscal Year 2006. This year's allocation of \$789,780 is \$13,347 less than last year's grant of \$803,122. In Children's Services, cuts totaling \$8,005 will come out of funding for consultation for very young children and the wraparound line item. For adults, cuts of \$5,337 will apply to funding for housing infrastructure, co-occurring disorders programs for adults with diagnoses of severe mental illness and substance abuse, and Emergency Services. Overall, the trend in federal block grant funding for mental health services in Vermont has been downward over the past five years, from \$847,000 in Fiscal Year 2002 to a projected \$780,500 for Fiscal Year 2007.

Other Planning Council business included information about a new set-aside for "transformational activities" in future block grant applications, in keeping with new federal priorities; a federal site visit this summer; a motion in regard to fulfilling the Planning Council's federally mandated responsibilities; and the adequacy of funding overall for mental-health services in Vermont. During the last hour of the meeting, Susan Besio made a presentation to give Planning Council members a better understanding of Vermont's Global Commitment on Health.

Meeting of Statewide Program Standing Committee for Adult Mental Health

The Standing Committee met on Monday May 8. The major items on the agenda included the regular update from the Division of Mental Health, a presentation on the very successful collaboration between Health Care and Rehabilitation Services of Southeastern Vermont (HCRS) and the Police Department in Bellows Falls, and a discussion of the criteria for conditional voluntary and truly voluntary admissions to

inpatient psychiatric care. Work on the policy statement is nearing completion, but the division staff will be taking comments for at least another month. Contact Bill McMains, medical director, at 652-2000 or mcmains@vdh.state.vt.us. Tentative topics for the next Standing Committee meeting, on June 12, include re-designation of HCRS, successful peer-operated programs in the community and recovery.

Department of Veterans Affairs Commits to Implementing Evidence-Based Supported Employment Services Nationwide

The Veterans Integrated Service Networks (VISN) met in Las Vegas, Nevada, on May 2-4, 2006, to learn about evidence-based supported employment (SE) and effective implementation of these services within their existing Compensated Work Therapy (CWT) programs. The VISN mentor trainers attended presentations on recovery philosophy, which facilitates veterans' living and working in their community. Laura Flint, Vermont's Supported Employment Trainer/Technical Assistant contributed to several of the presentations. Supported employment services will provide veterans who have significant mental illness with the support they need to work independently at competitive jobs of their choice within their community.

The Department of Veterans Affairs in Vermont began the process of implementing evidence-based supported employment in 2005. The employment coordinator of the VAs new Supported Employment program comes from one of Vermont's community mental health agencies. Each of the 10 community mental health agencies in Vermont has been providing evidence-based supported employment services for the last seven years.

FUTURES PROJECT

Draft Actuarial Report

The Department of Health has received a draft Futures Actuarial Report on Projected Inpatient Bed Needs report, produced by Milliman, Inc. The report offers bed need projections for 10 years into the future, based upon three distinct scenarios defined by the consultants. The scenarios are as follows:

- Maintain the status quo – 64 Beds
 - Make no changes to the service delivery system.
 - By 2016 the needed capacity at VSH or a successor facility would be 64 beds.
- Partial implementation – 54 Beds
 - Community capacities in the Futures plan are not fully funded or staffed.
 - By 2016 the needed capacity at VSH or its successor facility would be 56 beds.
- Full implementation – 48 Beds
 - All aspects of the Futures plan are implemented.
 - By 2016 the needed bed capacity at VSH or its successor facility would be 48 beds.

The report fails to meet our contractual specifications in three important areas:

- Corrections projections are not included.
- There appears to be limited comparative and benchmark data as specified in the contract. Examples include an analysis of clinical trends, utilization rates for comparable systems, and inpatient funding trends.
- The full implementation scenario accounts for only 10 sub-acute beds and five crisis beds, rather than the planned 16 sub-acute and 10 crisis beds.

We have been in contact with Milliman, Inc., to request a more complete response to our specifications. The Futures Advisory Committee will discuss this report at the upcoming meeting on May 15th.

Futures: Staff Announcement

Diane Cota is joining the Futures staff as Administrative Assistant. She will bring many strengths to the Futures Project, including organizational, computer, and office management skills. Working at Fletcher Allen Health Care and, most recently in the Health Department, has given Diane a wide range of experience. She earned an Associate of Business Administration degree in Office Management from Community College of Vermont in 2002. She begins her new position May 30. Welcome Diane!

Futures: VSH Employees Work Group

At its May 8th meeting, the group worked to define and understand possible staffing models for new inpatient programs that would replace the Vermont State Hospital. The proposed possibilities include:

- A publicly operated program managed and staffed by the state in conjunction with a medical center
- A program operated by a private not-for-profit hospital, with staffing details that might include hiring preferences and protected status for the current VSH workforce to be worked out
- Some type of public-private partnership, with staffing details also to be worked out
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Reduction-in-force (RIF) rights for VSH employees would apply in all cases. Once clearly defined, the pros and cons of all staffing models identified by the work group will be weighed against a series of measures that may include ongoing operational costs, responsiveness to changes in psychiatric care, accessibility of the program to patient advocates, retention of the existing workforce, recruitment of qualified staff, and the availability of willing providers.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 47 as of midnight Wednesday night. The average census for the past 45 days was 49.